



# **Missouri MEDICAID Bulletin**



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**HCY LEAD RISK ASSESSMENT GUIDE**

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Division of Medical Services along with Department of Health, and an Advisory Committee appointed by the Department of Health have created universal lead risk assessment questions and follow-up guidelines. These questions and guidelines have been incorporated into the new HCY Lead Risk Assessment Guide required by the Division of Medical Services. This guide is intended to be more efficient and user friendly. Please note the changes to the form below:

- ◆ The risk questionnaire has changed from 18 questions to 8.
- ◆ Previously, a separate guide would need to be completed for each visit. The current guide will now follow the child for all visits from 6 months to 6 years of age.
- ◆ The current guide has space on the reverse side to identify type of blood test, venous or capillary, and also has space to identify dates blood tests were performed and blood lead levels.
- ◆ The follow-up guidelines have changed according to the recommendations of Centers for Disease Control and the American Academy of Pediatrics and agreed to by both the Division of Medical Services and Department of Health. Changes to follow-up guidelines will be discussed later in this bulletin.

Please find attached a copy of the HCY Lead Risk Assessment Guide (form 886-2998) dated 4-00 which replaces the HCY Lead Screening Guide (form 886-2998) dated 1-97. This form can be obtained by mailing your request to Verizon Data Services, Inc. 905 Weathered Rock Road, Jefferson City Mo, 65101 or contacting Provider Communications at 1-800-392-0938.

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**MANDATORY RISK ASSESSMENT**

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All children between the ages of 6 months and 72 months **MUST** receive a lead risk assessment as part of the EPSDT/HCY full or partial screening. Subsequent verbal lead risk assessments can change a child's risk category. As the result of a verbal lead risk assessment, a previously low risk child may be recategorized as high risk. Providers are not required to wait until the next EPSDT/HCY screening interval and may complete the lead risk assessment at the next office visit if they choose.

Completion of the HCY Lead Risk Assessment Guide is mandatory at each visit between 6 and 72 months of age if requesting payment for the EPSDT/HCY full or partial screen.

- ✓ If the answers to all questions are negative, a child is not considered at risk for high doses of lead exposure.

- ✓ If the answer to any question is yes, a child is considered at risk for high doses of lead exposure and a capillary or venous blood lead level must be drawn. Follow-up guidelines on the reverse side of the HCY Lead Risk Assessment Guide must be followed as noted depending on the blood test results.

\* The Lead Risk Assessment Guide and results of the blood lead test must be in the patient's medical record even if the blood lead test was performed by someone other than the billing provider. If this information is not located in the medical record a full or partial HCY screen may not be billed.

\*A minimum office visit (99211) can be billed when providing a blood lead test as long as another component of this procedure according to the CPT guidelines is documented in the patients record. If the only services provided is venipuncture, it must not be billed to the patient or Division of Medical Services. This is a non-allowable charge. This code cannot be used in conjunction with another office visit procedure code or HCY/EPSTD screening procedure code.

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## **MANDATORY BLOOD TESTING**

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Health Care Financing Administration (HCFA) requires mandatory blood lead testing by either capillary or venous method at 12 months and 24 months of age regardless of risk. If the answer to any question on the HCY Lead Risk Assessment Guide is positive, a venous or capillary blood test must be performed.

For future reference and follow-up care, completion of the Lead Risk Assessment Guide is still required at these visits to determine if a child is at risk. For example: A child has just moved into old housing and is being seen for their 12 month visit. The blood lead level is not showing an elevation at this visit. The child may need to have another blood lead test completed before they are due for another HCY screen because this blood level was too early after the change in living status to show poisoning. If assessment is not completed then the potential for high risk is unknown.

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## **LABORATORY BILLING/REPORTING**

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The blood lead test can be billed by a Medicaid enrolled laboratory by using procedure code 83655. The Division of Medical Services encourages all enrolled laboratories to submit claims for blood lead testing. Data obtained from claims history is requested by HCFA to report the number of blood lead testing completed for eligible children.

Missouri Medicaid does not reimburse for venipuncture or capillary drawing fees. This fee is included in the reimbursement of the office visit.

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**CAPILLARY BLOOD TESTING**

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Capillary results of 10 mcg/dl or above must be confirmed using venous blood according to the time frame listed below:

- 10-19 mcg/dl- confirm within 2 months
- 20-44 mcg/dl- confirm within 2 weeks
- 45-69 mcg/dl- confirm within 2 days
- 70+ mcg/dl- IMMEDIATELY

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**NEW FOLLOW - UP GUIDELINES FOR CONFIRMED ELEVATED LEVELS**

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**Blood lead level less than 10mcg/dl**

No action required unless exposure sources change.

**Blood lead level 10-19 mcg/dl**

- Provide family education and follow-up testing.
- \*Retest every 2-3 months
- If 2 venous tests taken at least 3 months apart both result in elevations of 15 mcg/dl or greater, proceed with retest intervals and follow-up guidelines as for blood lead levels of 20-44 mcg/dl.

**Blood lead level 20-44 mcg/dl**

Provide family education and follow-up testing.

- Assure coordination of care (case management) either through the MC+ health plan, provider or local public health agency. The provider assures medical management.
- Contact local public health agency to provide environmental investigation and to assure lead-hazard control.
- \*Retest every 1-2 months until the blood lead level remains less than 15 mcg/dl for at least 6 months, lead hazards have been removed, and there are no new exposures.
- When these conditions are met, proceed with guidelines for blood lead levels 10-19 mcg/dl.

**Blood lead level 45-69 mcg/dl**

Provide family education and follow-up testing.

- Assure coordination of care (case management) either through the MC+ health plan, provider or local public health agency. The provider assures medical management.
- Contact local public health agency to provide environmental investigation and to assure lead-hazard control.
- Within 48 hours begin coordination of care (case management), medical management, environmental investigation, and lead hazard control.

- A child with a confirmed blood lead level greater than 44 mcg/dl should be treated promptly with appropriate chelating agents and not returned to an environment where lead hazard exposure may continue until it is controlled.
- \*Retest every 1-2 months until the blood lead level remains less than 15 mcg/dl for at least 6 months, lead hazards have been removed, and there are no new exposures.
- When these conditions are met, proceed with guidelines for blood lead levels 10-19 mcg/dl.

**Blood lead level 70+ mcg/dl**

Hospitalize child and begin medical treatment immediately.

- Begin coordination of care (case management), medical management, environmental investigation, and lead hazard control immediately.
- Blood lead levels greater than 69 mcg/dl must have an urgent repeat venous test, but chelation therapy should begin immediately (not delayed until test results are available.)
- \*Retest every 1-2 months until the blood lead level remains less than 15 mcg/dl for at least 6 months, the lead hazards have been removed, and there are no new exposures.
- When these conditions are met, proceed with guidelines for blood lead levels 10-19 mcg/dl.

*\* Retesting must always be completed using venous blood.*

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**LEAD CASE MANAGEMENT**

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Children with 1 blood lead level of 20 mcg/dl or greater, or who have had 2 venous tests at least 3 months apart with elevations of 15 mcg/dl or greater must be referred for case management services through the HCY program. In order to be reimbursed for these services the lead case management agency must be an enrolled provider with Missouri Division of Medical Services. The following procedure codes have been established for reimbursement of lead case management.

- Y9099YG- Lead Case Management, Initial Visit  
For admission to case management within 2 weeks of receiving confirmatory blood-lead level. This includes client/family assessment, establishes a plan of care, and reinforces education provided by health care providers. The client/family is provided the case manager's name and telephone number. (The higher the blood lead level the more timely the initial visit should occur.)
- Y9099 - Lead Case Management, Subsequent Months
  2. Three month encounter following initial encounter to assess progress of affected child and review and reinforce client/family education and medical regime.

AND

2. At six to seven months after initial encounter which includes discharge counseling regarding lead status and ongoing nutrition and environmental maintenance. Discharge is contingent upon the following three conditions being met:

- ✓ Blood lead level remains less than 15 mcg/dl for at least 6 months
- ✓ Lead hazards have been removed; and
- ✓ There are no new exposures

Other reasons for discharge may include:

- ✓ Blood lead level remains below 20 for 1 year - This closure reason is intended for use in cases where all efforts to reduce a child's blood lead level have been made (i.e, hazards in the home environment have been reduced, personal hygiene, nutritional, and housekeeping behaviors have been appropriately modified, etc.), yet the child's body burden of lead causes his/her blood lead level to consistently remain between 15-20 mcg/dl.
- ✓ Refusal of service.
- ✓ The child is older than 72 months of age
- ✓ Unable to locate

*A minimum of three client/family case management encounters, all face-to face, are mandatory. If more than three case management monthly fees are billed per recipient, documentation of medical necessity and copies of progress notes are required for the additional visits and must be attached to the claim. These encounters must be at 2 to 3 month intervals, all being face-to-face.*

*Only one case management procedure code may be billed for a recipient per month.*

The following information must be included in the client record:

- ◆ Admission progress notes made to include blood lead level, assessment of client/family, plan of care, any interventions, and short/long term goals are set by the case manager.
- ◆ Follow-up visit (second visit) to include lab results, client status, and any interventions by case manager, and progress to goals.
- ◆ Exit discharge contact documentation to include reason for discharge, lab results, client status, exit counseling, and the status of goal completion (to include telephone number for questions and assistance).

If a case management provider cannot be located for the child, contact the area Bureau of Special Health Care Needs (BSHCN) office located closest to you. A BSHCN Area Office Map and County Listing for case management assistance is attached.

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**ENVIRONMENTAL INVESTIGATION**

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Children who have a blood lead level 20 mcg/dl or greater or children who have had 2 blood lead levels greater than 15 at least three months apart should have an environmental investigation performed.

The purpose of the environmental investigation is to determine the source(s) of hazardous lead exposure in the residential environment of children with elevated blood lead levels. Environmental investigations are to be conducted by licensed lead risk assessors who have been approved by the Missouri Department of Health. Approved licensed lead risk assessors shall comply with the Missouri Department of Health lead manual and applicable state laws.

All licensed lead risk assessors must be registered with the Missouri Department of Health. Approved lead risk assessors who wish to receive reimbursement for Medicaid eligible children must also be enrolled as a Missouri Medicaid provider. Lead risk assessors must use their Missouri Medicaid provider number when submitting claims for completing an environmental lead investigation.

The following procedure codes have been established for billing environmental lead investigations:

- ✓ X4029- Initial Environmental Lead Investigation
- ✓ X4030- First Environmental Lead Reinvestigation
- ✓ X4031- Second Environmental Lead Reinvestigation
- ✓ X4032- Subsequent Environmental Lead Reinvestigation
  - Certificate of Medical Necessity must be attached to claim for this procedure

*Federal Medicaid regulations prohibit Medicaid coverage of environmental investigation of locations other than the principal residence. The Missouri Department of Health recommends that all sites where the child may be exposed be assessed, e.g. day care, grandparents' home, etc.*

*Federal Health Care Financing policy prohibits Medicaid from paying for laboratory testing of paint, soil, and water samples.*

*Medicaid cannot pay for abatement of lead hazards.*

Contact the local public health agency to arrange for environmental investigation services.

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## **MC+ HEALTH PLANS**

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The MC+ health plans are responsible for mandatory risk assessment for children between the ages of 6 months and 72 months. MC+ health plans are also responsible for mandatory blood testing if a child is at risk or if the child is 12 or 24 months of age. MC+ health plans must follow the HCY Lead Risk Assessment Guide when assessing a child for risk of lead poisoning or when treating a child found to be poisoned.

MC+ health plans are responsible for lead case management for those children with elevated blood lead levels. MC+ health plans are encouraged to work closely with Division of Medical Services and local public health agencies when a child with an elevated blood lead level has been identified.

Referral for an environmental investigation of the child's residence must be made to the local public health agency. This investigation is not the responsibility of the MC+ health plan, but can be reimbursed by Division of Medical Services on a fee-for-service basis.

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## **POISON CONTROL HOTLINE**

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The statewide poison control hotline number is 1-800-366-8888. This number may also be used to report suspected lead poisoning. The Missouri Department of Health hotline number is 1-800-392-7245.

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## **COORDINATION WITH OTHER AGENCIES**

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Coordination with local public health agencies, WIC, Head Start, and other private and public resources enables elimination of duplicate testing and ensures comprehensive diagnosis and treatment. Local public health agencies' Childhood Lead Poisoning Prevention programs may be available. These agencies may have the authority and ability to investigate a lead poisoned child's environment and to require remediation. We encourage local public health agencies to keep the medical provider appraised of their activities related to the patient. We encourage providers to note referrals and coordination with other agencies in the patient's medical record.